

## ELIGIBILITY CHECKLIST

### MODEL CONTINUATION HIGH SCHOOL PROGRAM

2000-2001

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

☒ Check the appropriate box after each question.

1. Were one original and two copies of the completed application received by the Educational Options Office of CDE on or before the due date and time? Note: Faxed copies are not accepted.	YES	NO
2. Does the <i>Application Cover Sheet</i> indicate that ADA (previous year P2) is at least 75 per cent?	YES	NO
3. Are assessment measures indicated on the <i>Application Cover Sheet</i> ?	YES	NO
4. Are assessment measures described in the School Synopsis section?	YES	NO
5. Does the School Synopsis section describe how your school performs above and beyond an effective continuation school?	YES	NO
6. Are all 60 Quality Indicators In Place?	YES	NO
7. Is evidence of implementation described for each Quality Indicator that is marked "In Place"?	YES	NO
8. Is each narrative typed and limited to one page?	YES	NO

**NOTE: IF ANY OF THE ABOVE ITEMS ARE MARKED "NO"  
THE APPLICATION WILL BE DISQUALIFIED**